



Ballet Academy
Ventura

SUMMER CAMPS 2020

Pirates and Princess Dance Camp

Ages: Pre-K

\$130 LIMITED SPACE! (\$120 if before April 18)

July 6 - July 10 Monday—Friday 9:00—Noon

Adventures in Dance Camp

Prep Level 1, Level 1 & Level 2 ages 5 1/2 and up

\$220 (\$185 if before April 18)

Dates: July 6 - July 10 Monday—Friday 9:00—Noon

Junior “Junior” Intensive

Level 2A/B & 3A **\$395**

(\$380 if before April 18)

Camp 1- July 20 - July 25

Monday—Friday 9:00—3:00 PM and Saturday 11:00-2:00pm

Camp 11- July 27- Aug 1

Monday—Friday 9:00—3:00 PM and Saturday 11:00-2:00pm

Cost: \$780 if attending both Intensives

Junior Intensive

Level 3B - Advanced

Cost: \$395__ (\$380 if before April 18)

Camp 111 July 20 - July 25

Monday—Friday 9:00—3:00 PM and Saturday 11:00-2:00pm (Week 1)

Camp 1V July 27- Aug 1

Monday—Friday 9:00—3:00 PM and Saturday 11:00-2:00pm (Week 2)

Cost: \$780 if attending both Intensives

805.653.2800

2750 E. MAIN STREET, VENTURA, CA 93003

BALLETACADEMYVENTURA.COM



Ballet Academy Ventura

Ballet Academy Ventura Camps 2020

Registration Form

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Camp(s): _____ Dates: _____ Amount: _____

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Registration form with deposit is due by **June 15, 2020**, to secure place in camp. (Deposit amount will be applied towards camp tuition).

Tuition Total: _____

Deposit: _____ **(non refundable except in case of injury)**

Balance due by June 9: _____

Payment Method: ___ Cash ___ Check ___ Autopay

Credit Card: Please fill out online or see Office to pay _____ Exp: _____ Zip Code: _____



Ballet Academy *Ventura*

Medical Information Form

Child's Name: _____

Medical History

Known Allergies (drugs, etc. and/or pre-existing condition):

Medication student is taking: _____

Recent Injuries: _____

Chronic Condition: _____

Family Physician: _____ Phone #: _____

I understand that if my child suffers a serious injury or illness while at Ballet Ventura Camp, first aid will be rendered. The camp staff will make an immediate and continued effort to contact the child's parents.

If a parent or guardian cannot be reached, the camp staff has my/our permission to take my/our child, _____, to the doctor and/or hospital to be treated as necessary for the injury or illness.

(print child's name)

Signature of Parent or Guardian

Date

Printed Name of Parent or Guardian

Email address:

Release of Liability

I agree that I will not hold Ballet Academy Ventura, Ventura County Ballet, Kathleen Noblin, or its contractors liable for any injury or illness that might occur while my/our child,

_____, is a student or camper at Ballet Academy Ventura.

print child's name

Signature of Parent or Guardian

Date

Printed Name of Parent or Guardian

BAV Representative _____ Date _____